

SCHEDULE "C"

**PROOF OF CLAIM FORM FOR HOLDERS OF CLAIMS AGAINST
DIRECTORS OR OFFICERS OF BANRO CORPORATION, BANRO GROUP (BARBADOS)
LIMITED, BANRO CONGO (BARBADOS) LIMITED, NAMOYA (BARBADOS) LIMITED,
LUGUSHWA (BARBADOS) LIMITED, TWANGIZA (BARBADOS) LIMITED AND KAMITUGA
(BARBADOS) LIMITED (the "Applicants")
(THE "DIRECTOR/OFFICER PROOF OF CLAIM")**

This form is to be used only by Director/Officer Claimants asserting a claim against any Directors and/or, Officers of any of the Applicants and NOT for claims against any of the Applicants themselves.

1 Original Claimant (the "Claimant")

Legal Name of Claimant _____	Name of Contact _____
Operating Name (if different) _____	Title _____
Address _____	Phone # _____
_____	Email _____
City _____	Prov/State _____
Postal/Zip Code _____	

1(A) Assignee, if claim has been assigned

Legal Name of Assignee _____	Name of Contact _____
Operating Name (if different) _____	Title _____
Address _____	Phone # _____
_____	Email _____
City _____	Prov/State _____
Postal/Zip Code _____	

2. Amount of Director/Officer Claim

The Director(s)/Officer(s) was/were and still is/are indebted to the Claimant as follows:

Name(s) of Director(s), and/or Officers	Currency	Amount of Director/Officer Claim	Basis of Director/Officer Liability
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Documentation

Provide all particulars of the Director/Officer Claim and supporting documentation, including any claim assignment/transfer agreement or similar document, if applicable, and including amount and description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Director/Officer Claim.

4. Certification

I here certify that:

1. I am the Director/Officer Claimant or authorized representative of the Director/Officer Claimant.
2. I have knowledge of all the circumstances connected with this claim.
3. The Director/Officer Claimant asserts this claim against the Director(s)/Officer(s) as set out above.
4. Complete documentation in support of this claim is attached.

Signature: _____ Witness: _____

Name: _____ Signature: _____

Title: _____ (print) _____

Dated at _____ this _____ day of _____, 2018

5. Filing of Claim

This Director/Officer Proof of Claim must be received by the Monitor on or before 5:00 p.m. (Toronto time) on March 6, 2018 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:

**FTI Consulting Canada Inc.,
Monitor of Banro Corporation, Banro Group (Barbados) Limited, Banro Congo (Barbados) Limited, Namoya (Barbados) Limited, Lugushwa (Barbados) Limited, Twangiza (Barbados) Limited and Kamituga (Barbados) Limited**

**79 Wellington Street West, Suite 2010
P.O. Box 104
Toronto, ON
M5K 1G8
Attention: Lizzy Pearson
Email: banro@fticonsulting.com**